

## **Hamilton County Juvenile Probation Client Survey**

Please fill this form out completely and give it to the support staff.  
Please do not sign or write your name on this form.  
Thank you for your assistance.

Probation Officer(s) \_\_\_\_\_ Date \_\_\_\_\_

1. Were you satisfied with your experience with the support staff when you had contact with them at the probation department or via the phone?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

2. Were you satisfied with the process of completing the initial paperwork required for probation supervision (intake)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

3. Did you understand the Probation Order and did you think it had the correct information on it?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Did your Probation Officer(s) explain fully what was expected of you while you were on probation supervision?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. How would you rate your interaction with your Probation Officer(s) while you were on probation? (check one)

Very Satisfactory \_\_\_\_\_ Satisfactory \_\_\_\_\_ Not Satisfactory \_\_\_\_\_

Why did you give them this rating? \_\_\_\_\_  
\_\_\_\_\_

6. Did your Probation Officer(s) show interest in your situation?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Did your Probation Officer(s) provide you with helpful options to make changes to your situation?

Yes \_\_\_\_\_ No \_\_\_\_\_

What were some of the suggestions? \_\_\_\_\_  
\_\_\_\_\_

8. Do you feel that you received praise and recognition after you completed a condition of your probation?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please rate each program for which you participated in as VS (Very Satisfactory), S (Satisfactory), or NS (Not Satisfactory).

- ☐ ACT (Anger Control Training)
- ☐ T4C (Thinking For Change)
- ☐ IOP (Intensive Out Patient Program)
- ☐ Prime4Life
- ☐ Parent Project
- ☐ TRP (Treatment and Reporting Program)
- ☐ Work Crew
- ☐ Family Works Counseling
- ☐ AA/NA
- ☐ CHILL (Choosing How I Live Life)
- ☐ YES-Shoplifting Program

10. Did the following programs/conditions of probation have a positive impact?

Please write Y (yes) or N (no) for the ones that apply to you.

- ☐ Urine Drug Screens
- ☐ Essay(s)
- ☐ Apology Letter
- ☐ EHA (Electronic House Arrest)
- ☐ PHA (Parental House Arrest)
- ☐ Community Service Work
- ☐ Standing Pick-up Order
- ☐ Individual/Family Counseling

11. Did you meet your goals that you set for yourself at the beginning of your probationary period?  
(check one)

- ☐ Yes, all my goals were met
- ☐ No, my goals were not met
- ☐ Some of my goals were met

If you answered "no" or "some", what kept you from reaching those goals?

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12. What part of probation supervision was most helpful for you? Least helpful?

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13. What could we do to make this a more positive experience for future clients?

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14. Please list any additional comments you would like to make about your experience with the Hamilton County Juvenile Probation Department.

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